

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



September 27, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Don & Millie's, 8150 'O' Street requesting a class I liquor license.

Jill Bucknor has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jill Bucknor was born in Lincoln, Nebraska. She attended the University of Nebraska graduating in 1999.

Ms. Bucknor has been employed by Grandmothers / Don & Millie's since 1994.

The applicant has been informed about the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION**RECEIVED**Trade Name (doing business as) Don & Millie'sStreet Address #1 8150 "O" Street

JUL 27 2009

Street Address #2 _____

City LincolnCounty Lancaster**NEBRASKA LIQUOR
CONTROL COMMISSION**Zip Code 68510Premise Telephone number not yet openIs this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Don & Millie's c/o Mark SweetStreet Address #1 5310 S. 84th StreetStreet Address #2 Suite 200City OmahaState NEZip Code 68127**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

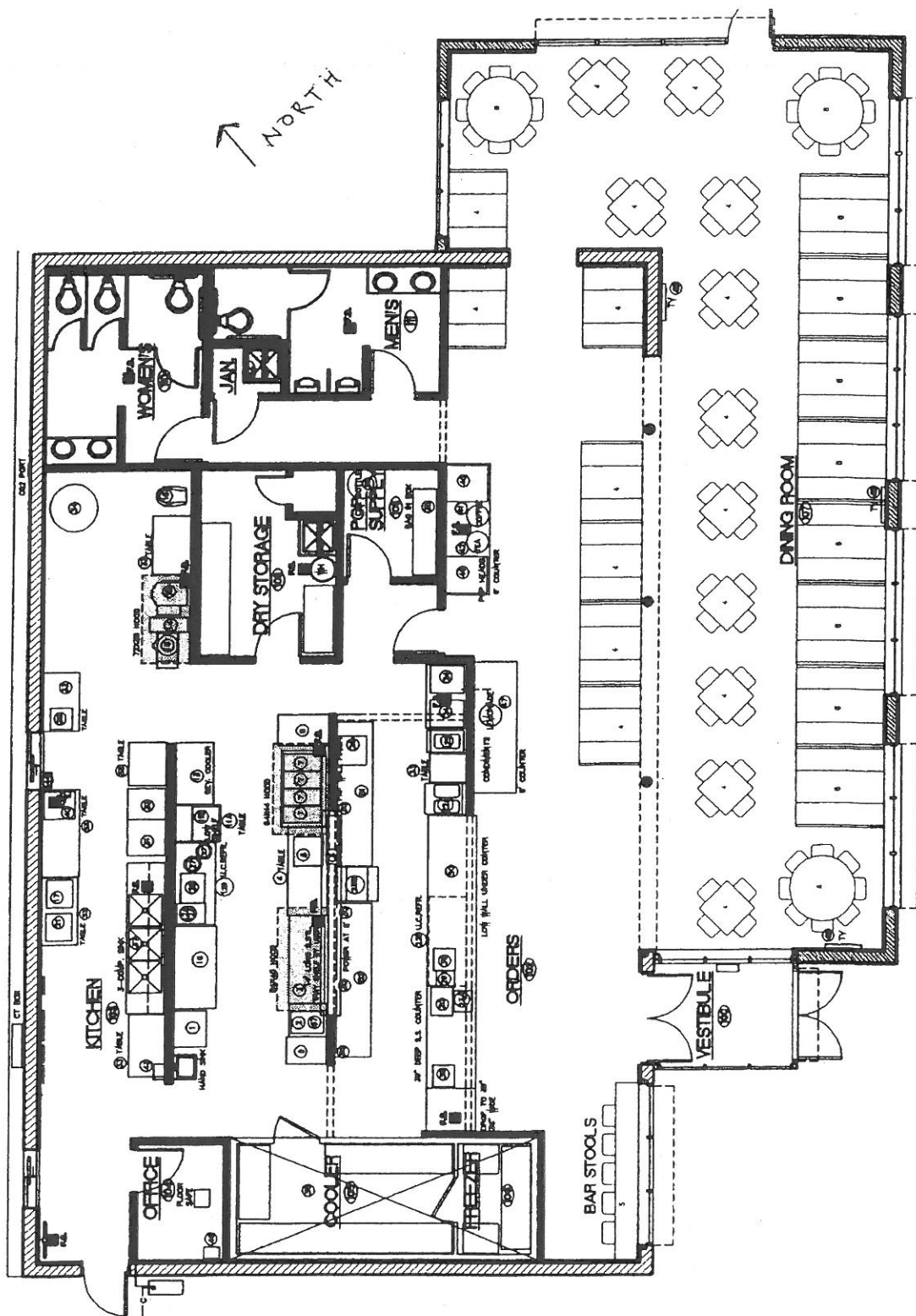
****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 84 feet
Width 58 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

see attached diagram.

Entire building to be licensed
One-story building
Building is approximately 84' x 58'



APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

AUG 27 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Mark A. Sweet

Name of Corporation that will hold license as listed on the Articles

Grandmother's, Inc.

00055808

Corporation Address: 5310 S. 84th Street

City: Omaha

State: NE

Zip Code: 68127

Corporation Phone Number: 402-334-1007

Fax Number: 402-334-1047

Total Number of Corporation Shares Issued: 137,372

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Rasmussen

*

First Name: Dean

MI: F.

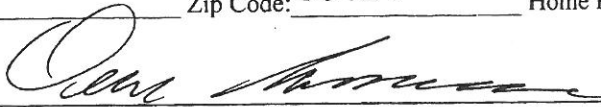
Home Address: 2405 South 103rd St.

City: Omaha

State: NE

Zip Code: 68124

Home Phone Number: 402-397-3861



Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

20th
Date

of August, 2012

The foregoing instrument was acknowledged before me this

by Dean J. Rasmussen

name of person acknowledge



Affix Seal

GENERAL NOTARY - State of Nebraska
SUZANNE J. GRAVELINE
My Comm. Exp. Dec. 10, 2013

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Rasmussen First Name: Dean * MI: F.
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 62,180
Spouse Full Name (indicate N/A if single): Jessie A. Rasmussen
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kerrey First Name: Joseph * MI: R.
Social Security Number: _____ Date of Birth: _____
Title: Director Number of Shares 62,180
Spouse Full Name (indicate N/A if single): Sarah C. Paley
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Sweet First Name: Mark * MI: A.
Social Security Number: _____ Date of Birth: _____
Title: Treasurer Number of Shares 4,978
Spouse Full Name (indicate N/A if single): Lynn M. Sweet
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Bennett First Name: Dion * MI: C.
Social Security Number: _____ Date of Birth: _____
Title: Vice President Number of Shares -0-
Spouse Full Name (indicate N/A if single): Janet K. Bennett
Spouse Social Security Number: _____ Date of Birth: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE

☒ FEMALE

Last Name: Bucknor First Name: Jill MI: R

Home Address (include PO Box if applicable): 4330 "J" Street

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: 402-416-3656 Business Phone Number: 402-421-2510

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1970	2012			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996	2012	Grandmother's, Inc.	Dean Rasmussen	402-334-1007
2000	2002	State Farm Ins. Co	Ron Tropp	402-327-5000

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)
☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

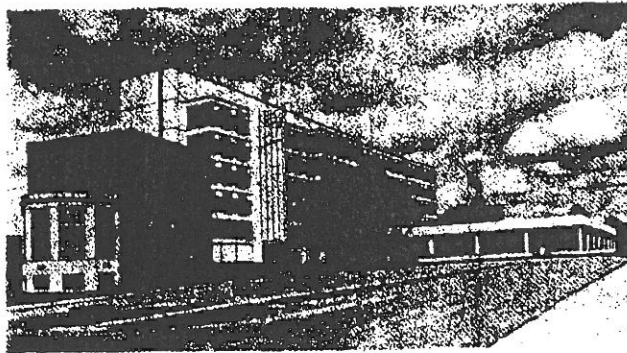
Lancaster County Alcohol Education (Sheriff's Dept.) May, 2011

Certificate of Birth

RECEIVED

MAY 12 2010

NEBRASKA LIQUOR
CONTROL COMMISSION



Bryan Memorial Hospital
LINCOLN • NEBRASKA

This Certifies that JILL RACINE GRUNTORAD
was born to Mr. and Mrs. Dale E. Gruntorad in this Hospital
at 9:46 a. m. on the day of 19

In Witness Whereof

the said Hospital has caused this Certificate to be
signed by its duly authorized officer and its Official
Seal to be hereunto affixed.

E. E. Edwards

ADMINISTRATOR

Samuel J. Weinstein MD
15943

ATTENDING PHYSICIAN